

(FOR SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS)

EVALUATION REPORT OF APPROVED SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS IN NEW JERSEY

New Jersey Department of Education

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***School Year 2003-2004
Project Period: September 1, 2003 to August 31, 2004
Evaluation Due Date: March 15, 2005***

Instructions for Completing the Evaluation Survey

Supplemental educational services (SES) providers, pursuant to §1116(e) of the *No Child Left Behind Act of 2001*(NCLB), must annually submit a service report to the New Jersey Department of Education (NJDOE) that herein takes the form of a self-evaluation survey.

The survey has five sections:

- Section I: SES Provider Information
- Section II: Review of Service Elements
- Section III: Request for Additional Documentation
- Section IV: SES Provider Authorization for Continued Service and Assurances
- Section V: SES Provider Modification Form

While completing this self-evaluation survey, keep in mind that its purpose is to identify those areas in which your program has been successful and those areas that need to be strengthened.

It is important that you answer these questions accurately. The assurances page (Section IV) states that if any of the information contained in this survey is found to be inaccurate during on-site visits or by any other means, such finding may constitute just cause for removing the provider from the state-approved list.

School districts are also required to submit evaluations on providers they used. On-site visits may be conducted for those providers that a district rated unsatisfactory in the following elements:

1. Monitored the progress of students receiving supplemental educational services.
2. Provided the school district and teachers with information on the academic achievement of children receiving supplemental educational services.
3. Provided students with constant, systematic feedback on what they were learning.
4. Met the agreed timeline for services at least 80% of the time.
5. Provided appropriate educational materials for the students.
6. Provided services that were consistent with the instruction and content of the school district.
7. Provided services that were aligned with the New Jersey Core Curriculum Content Standards.
8. Provided monthly progress reports to the school district, teachers, and parents.
9. Met all federal, state and local health, safety, and civil rights requirements.
10. Ensured services were secular, neutral, and non-ideological.
11. Ensured staff was qualified and well-trained to provide services.
12. Defined specific achievement goals for students receiving supplemental educational services as outlined in the agreement with the school district and parents.
13. Ensured that instructional strategies were of high quality and research-based.
14. Provided services to eligible limited English proficient (LEP) students, as contracted (if applicable).
15. Provided services to eligible special education students, as contracted (if applicable).

A violation of elements 9 and 10 will constitute immediate removal from the New Jersey Department of Education SES approved provider list.

This survey must be completed by each SES provider for each district served. Access the document electronically at: <http://www.nj.gov/njded/title1/program/>, and once completed e-mail Sections I and II to: SES@doe.state.nj.us no later than **March 15, 2005**. Additional information in Sections III, IV, and V must be either faxed or mailed.

IMPORTANT NOTE: Do not report or identify students by name.

For questions, please contact the Office of Title I Program Planning and Accountability by e-mail at: SES@doe.state.nj.us.

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SERVICES PROVIDERS IN NEW JERSEY**

PROVIDER SURVEY

(This report must be completed by supplemental educational services (SES) providers only. All providers must complete and submit the survey. If no students participated during the 2003-2004 school year, enter zeros in the appropriate boxes.)

Section I. SES Provider Information

Please make copies of this form and complete a separate survey for each school district with which you have/had a contract to provide supplemental educational services to eligible students under the *No Child Left Behind Act* during the 2003-2004 school year. The Provider ID Number can be accessed at the NJDOE Title I Web site on the approved provider listing: <http://www.nj.gov/cgi-bin/education/grants/ssp.pl?string=r&maxhits=10000>.

Name of SES Provider:		
Provider ID Number:		
Address:		
Telephone Number:		
E-mail Address:		
Contact Person:		
School Year:	2003 - 2004	
School District Served:		
County Code:		
District Code:		
1.	The total number of eligible students from the school district enrolled by the SES provider during this period.	
2.	The number of students who did not complete the SES program.	
3.	The number of students who completed service per their SES contract or were still enrolled as of August 31, 2004.	
4.	The number of limited English proficient (LEP) students served by the SES provider.	
5.	The number of students with disabilities served by the SES provider.	

II. Review of Service Elements

1. List the types of services provided.
2. How many students served in this district have demonstrated academic progress in language arts literacy/mathematics?
3. How was progress measured? How often?
4. For those students who did not achieve their goals, explain the reasons why the goals were not attained.
5. What planning and student achievement data were used to ensure that services directly targeted students' academic needs?
 - Include information about the type and frequency of systematic consultation regarding student progress with the following:
 - district
 - classroom teacher
 - parent
6. Define the most challenging issues for your organization during this first year of program implementation with this particular district?
7. Were any complaints filed with your organization by parents, the district, or others? If so, how many? Describe the nature of the complaints, remediation, and their disposition.
8. Describe any complaints that could not be remedied and explain why they were unresolved.
9. Additional comments.

This survey must be completed no later than March 15, 2005.

III. Request for Additional Documentation

The following documents must be submitted to the NJDOE by fax or mail:

1. Financial statements for 2003-2004.
2. A list of the instructors who provided services with a description of their educational and professional background.
3. A list and description of the types of professional development offered to the instructors.
4. Section IV – SES Provider Authorization for Continued Service and Assurances.
5. Section V – SES Provider Modification Form.

**Please fax the documents to (609) 633-6874 or mail to the following address by
March 15, 2005:**

New Jersey Department of Education
Office of Title I Program Planning and Accountability
100 River View Plaza
P.O. Box 500
Trenton, New Jersey 08625

IV. SES Provider Authorization for Continued Service and Assurances

(To be completed by SES provider)

I, the undersigned, hereby certify that I am authorized to act on behalf of the supplemental educational services (SES) provider listed on the attached survey to complete and submit this survey. I certify that all of the information provided herein is true and accurate. I understand that if any of the information contained herein is found to be untrue during on-site visits or by any other means, such finding may constitute just cause for removing the provider from the state-approved list.

Assurances

Yes No

- ☐ ☐ Provider has adequate insurance for liability, property loss, and personal injury involving students.
- ☐ ☐ Services were provided outside of the regular school day.
- ☐ ☐ Services provided were of high quality and based upon research.
- ☐ ☐ Services provided were consistent with the instructional program of the school district and New Jersey's Core Curriculum Content Standards.
- ☐ ☐ Fingerprint requirements for employees, per New Jersey statute, have been met.
- ☐ ☐ Provider remains fiscally sound and able to fulfill all agreements to provide services.
- ☐ ☐ Provider's employees were paid accurately and in a timely manner.
- ☐ ☐ Provider offered to its staff the professional development activities stipulated in the SES application submitted to the New Jersey Department of Education (NJDOE).
- ☐ ☐ Educational materials were provided to tutors and students at all times.
- ☐ ☐ Services were provided in locations accessible to individuals with disabilities.
- ☐ ☐ No additional admissions criteria were imposed on eligible students.
- ☐ ☐ Federal funds were not used for religious worship or instruction.
- ☐ ☐ Provider complied with the district/charter school's contractual agreements.
- ☐ ☐ Provider satisfied all other federal and state requirements.
- ☐ ☐ Provider will provide any requested information during any NJDOE site visit.

Agreement to Continue Providing SES Services**

**** Current providers must complete this section in lieu of a new SES provider application in order to continue services in the 2005-2006 school year.**

- ☐ ☐ Provider wishes to continue providing quality supplemental educational services as an approved supplemental educational services provider in New Jersey. Changes to the program have been described on the Provider Modification Form.
- ☐ ☐ Provider agrees to comply with the Education Industry Association's Code of Professional Conduct and Business Ethics for Supplemental Educational Services Providers.
http://www.educationalindustry.org/Code_of_Standards_and_Ethics_10-29-04.doc

Name of SES Organization

Name of Authorized Representative

Signature of Authorized Representative

V. SES Provider Modification Form

Name of SES Provider:	
Provider ID Number:	
Address:	
Telephone Number:	
E-mail Address:	
Contact Person:	

1. Attached is a copy of the provider information currently listed on the NJDOE Web site of approved New Jersey SES Providers. Please make necessary changes to the attached and fax or mail it with the remainder of your survey.

Complete questions 2 through 7 ONLY if there are significant changes to your services in the following areas.

2. Program Design:

3. Evidence of Effectiveness:

4. Connection to State Academic Standards & District Instructional Programs:

5. Assessment and Progress:

6. Communication with Parents and School:

7. Qualifications of Instructional Staff:

8. Financial and Organizational Capacity:

Please fax Sections III, IV, and V of this survey to (609) 633-6874 or mail to the following address:

New Jersey Department of Education
Office of Title I Program Planning and Accountability
100 River View Plaza
P.O. Box 500
Trenton, New Jersey 08625